



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|--------------|---|---|--------------|------------------|
| 1. Corporate ID No. 104522 | | 2. Name of Corporation ACM RESTAURANT INC. | | | |
| 3. Street Address Principal Business Office 770-772 Hope Street | | | City Providence | State RI | Zip 02906 |
| 4. Business Phone No. 459-6735 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 0 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A RESTAURANT. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Athanasios Meltsakos | | | Vice President Name None | | |
| Street Address 180 Second Street | | | Street Address | | |
| City East Providence | State RI | Zip 02914 | City | State | Zip |
| Secretary Name Athanasios Meltsakos | | | Treasurer Name Athanasios Meltsakos | | |
| Street Address 180 Second Street | | | Street Address 180 Second Street | | |
| City East Providence | State RI | Zip 02914 | City East Providence | State RI | Zip 02914 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Athanasios Meltsakos | | | Director Name None | | |
| Street Address 180 Second Street | | | Street Address | | |
| City East Providence | State RI | Zip 02914 | City | State | Zip |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class Series | Par Value | Number of Shares | Class Series | Par Value |
| 1,000 NO PAR VALUE | | | 200 | Common | No Par Value |
| | | | | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



104522

File Date 2-18-05
Check No. 1192
By: KB

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Athanasios Meltsakos, President

Print or Type Name of Officer

President

Title of Officer

Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Broten, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3030

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|--------------|---|---|--------------|------------------|
| 1. Corporate ID No. 104522 | | 2. Name of Corporation ACM RESTAURANT INC. | | | |
| 3. Street Address Principal Business Office 770-772 Hope Street | | | City Providence | State RI | Zip 02906 |
| 4. Business Phone No. (401) 459-6735 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 0 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A RESTAURANT. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Athanasios Meltsakos | | | Vice President Name None | | |
| Street Address 180 Second Street | | | Street Address | | |
| City East Providence | State RI | Zip 02914 | City | State | Zip |
| Secretary Name Athanasios Meltsakos | | | Treasurer Name Athanasios Meltsakos | | |
| Street Address 180 Second Street | | | Street Address 180 Second Street | | |
| City East Providence | State RI | Zip 02914 | City East Providence | State RI | Zip 02914 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Athanasios Meltsakos | | | Director Name | | |
| Street Address 180 Second Street | | | Street Address | | |
| City East Providence | State RI | Zip 02914 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 1,000 NO PAR VALUE | | | 200 | Common | No Par Value |
| | | | | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 4 5 2 2 *

| | |
|---------------------------------|---------|
| File Date | 1-16-04 |
| Check No. | 868 |
| By: | |
| FOR SECRETARY OF STATE USE ONLY | |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer
Date 1-10-04
Athanasios Meltsakos
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

104522

ACM RESTAURANT INC.

3. Street Address Principal Business Office

770-772 HOPE STREET

City

PROVIDENCE

State

RI

Zip

02906

4. Business Phone No.

459-6735

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

RESTAURANT

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

ANTHANASIOS MELTSAKOS

Vice President Name

NONE

Street Address

180 SECOND STREET

Street Address

City

EAST PROVIDENCE

State

RI

Zip

02914

City

State

Zip

Secretary Name

ANTHANASIOS MELTSAKOS

Treasurer Name

ANTHANASIOS MELTSAKOS

Street Address

180 SECOND STREET

Street Address

180 SECOND STREET

City

EAST PROVIDENCE

State

RI

Zip

02914

City

State

Zip

EAST PROVIDENCE

RI

02914

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

ANTHANASIOS MELTSAKOS

Director Name

NONE

Street Address

180 SECOND STREET

Street Address

City

EAST PROVIDENCE

State

RI

Zip

02914

City

State

Zip

Director Name

NONE

Director Name

NONE

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1000

COMMON

NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

COMMON

NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 5-8-03

Check No.: 1398

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 5/7/03

ATHANASIOS MELTSAKOS, President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

104522

2. Name of Corporation

ACM RESTAURANT INC.

3. Street Address Principal Business Office

770-772 Hope Street

City

Providence

State

RI

Zip

02906

4. Business Phone No.

459-6735

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3079

7. Brief Description of the Character of Business Conducted in Rhode Island

Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Athanasios Meltsakos

Vice President Name

None

Street Address

Street Address

102 Blackstone Boulevard

City

State

Zip

City

State

Zip

Providence

RI

02906

Secretary Name

Treasurer Name

Athanasios Meltsakos

Athanasios Meltsakos

Street Address

Street Address

102 Blackstone Boulevard

102 Blackstone Boulevard

City

State

Zip

City

State

Zip

Providence

RI

02906

Providence

RI

02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Athanasios Meltsakos

Director Name

None

Street Address

Street Address

102 Blackstone Boulevard

City

State

Zip

City

State

Zip

Providence

RI

02906

Director Name

Director Name

None

None

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

Common

No Par Value



* 1 0 4 5 2 2 *

File Date: 3/19/02

Check No.: 15882

By: AB

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2-7-02

Athanasios Meltsakos, President

Print or Type Name of Officer

Title of Officer

5

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **104522** 2. Name of Corporation **ACM RESTAURANT INC.**

3. Street Address Principal Business Office **770-772 Hope Street** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **459-6735** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island

Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|---|---|
| President Name Athanasios Meltsakos Street Address 102 Blackstone Boulevard City Providence State RI Zip 02906 | Vice President Name None Street Address 102 Blackstone Boulevard City Providence State RI Zip 02906 |
| Secretary Name Athanasios Meltsakos Street Address 102 Blackstone Boulevard City Providence State RI Zip 02906 | Treasurer Name Athanasios Meltsakos Street Address 102 Blackstone Boulevard City Providence State RI Zip 02906 |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|---|
| Director Name Athanasios Meltsakos Street Address 102 Blackstone Boulevard City Providence State RI Zip 02906 | Director Name None Street Address None City None State None Zip None |
| Director Name None Street Address None City None State None Zip None | Director Name None Street Address None City None State None Zip None |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | | |
|---------------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value |
| 1,000 NO PAR VALUE | | |

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

| ISSUED SHARES | | |
|------------------|---------------|---------------------|
| Number of Shares | Class/Series | Par Value |
| 200 | Common | No Par Value |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 4 5 2 2 *

File Date: 3/2
Check No.: 516
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/27/01
Signature of Officer Date
Athanasios Meltsakos, President
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

104522

ACM RESTAURANT INC.

3. Street Address Principal Business Office

770-772 Hope Street

City

State

Zip

Providence

RI

02906

4. Business Phone No.

459-6735

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Athanasios Meltsakos

Vice President Name

None

Street Address

102 Blackstone Boulevard

Street Address

City

State

Zip

City

State

Zip

Providence

RI

02906

Secretary Name

Athanasios Meltsakos

Treasurer Name

Athanasios Meltsakos

Street Address

102 Blackstone Boulevard

Street Address

102 Blackstone Boulevard

City

State

Zip

City

State

Zip

Providence

RI

02906

Providence

RI

02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Athanasios Meltsakos

Director Name

None

Street Address

102 Blackstone Boulevard

Street Address

City

State

Zip

City

State

Zip

Providence

RI

02906

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 4 5 2 2 *

File Date: 2/22/00

Check No.: 1789

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]
Signature of Officer Date

Athanasios Meltsakos
Print or Type Name of Officer

President
Title of Officer